

FINAL DRAFT

POPULATION SERVICES INTERNATIONAL/INDIA

Social Marketing of ORS in Uttar Pradesh

SOCIAL MARKETING MID-TERM EVALUATION

October 1996

Prepared by:

Susan Howard
2030 Hillyer Place, NW Suite 3
Washington, DC USA 20009

POPULATION SERVICES INTERNATIONAL/INDIA
Social Marketing of ORS in Uttar Pradesh
SOCIAL MARKETING MID-TERM EVALUATION

TABLE OF CONTENTS

I. Executive Summary

- A. **Composition** of the Evaluation Team
- B. Evaluation Methodology
- C. Assessment of the Project Design in Relation to Child Survival Needs
- D. Main Project Accomplishments
- E. Key Recommendations

II. Introduction - Program Rationale

- A. Relevance to Child Survival Problems in the Project Area
 - 1. Major Causes of Child Mortality and Morbidity
 - 2. Interventions Designed to Address Child Survival Issues

III. Design and Implementation

- A. Accomplishments
 - 1. Impact Indicators
 - a. Usage/Sales
 - b. Correct Preparation
 - c. ORT Usage
 - d. Distribution
 - 2. Process Indicators for ORS Usage/Correct Preparation and ORT Usage
 - a. Social Marketing Communications
 - b. Community Education and Training
 - c. Counterpart Collaboration
 - 3. Process Indicators for ORS Distribution
 - a. Social Marketing Distribution Channels
 - b. Sales Support
 - c. Doctors and Chemists Detailing

III. Project Design and Implementation (continued)

B. Effectiveness

1. Relationship Between Accomplishments and Objectives

a. Progress in achieving impact indicators

- 1). Usage/Sales
- 2). Correct Preparation
- 3). ORT Usage**
- 4). Distribution

IV. Conclusions and Recommendations

V. List of Persons Contacted

VI. Attachments

Attachment A - Advertising and Promotion Campaign Examples

Attachment B - Media Reach Profiles/Media Plan

Attachment C - School/Community Education Packet

Attachment D - Video Van Sales Performance Activities

Attachment E - Correct Usage Poster

Attachment F - Sample Point of Sale Material

Attachment G - Worksheet for Calculating *Neotral* Sales Volume

Attachment H - Quality Control Independent Test

POPULATION SERVICES INTERNATIONAL/INDIA
Social Marketing of ORS in Uttar Pradesh

SOCIAL MARKETING MID-TERM EVALUATION

I. Executive Summary

A. *Composition of the Evaluation Team*

As part of its commitment to child survival in India, the U.S. Agency for International Development/ Bureau of Humanitarian Response, Office of Private and Voluntary Cooperation, entered into a cooperative agreement with Population Services International/India (PSI/India) for the period from August 1994 to September 1997. The agreement was made for the purpose of supporting the social marketing of oral rehydration salts (ORS) in the state of Uttar Pradesh.

Social Marketing and Communications professional, Susan Howard, was contracted to lead a mid-term evaluation of the PSI ORS social marketing initiative from October 21-31, 1996. The evaluation includes an assessment of community education, advertising, promotion, sale and distribution efforts, as well as a review of project management and monitoring efforts in order to determine the project's effectiveness in relation to social marketing objectives and its compatibility with child survival goals. The evaluation also serves to provide recommendations for refinement and/or modifications to the program design and implementation.

The evaluation team members comprised consultant Susan Howard, PSI Country Representative, David Greeley, ORS Brand Manager, Malevika Rao (both from the PSI/India office), Bob Karam, former Country Representative of PSI/Bangladesh and Peter Clancy, Vice President, PSI/Washington.

B. *Evaluation Methodology*

The methodology for evaluation consisted of a review of project documents, including the design documents and market research baseline studies to determine project indicators, inputs and outputs; and a subsequent review of a mid-term advertising performance tracking study, sales and distribution data, and manufacturing quality control reports to assess performance. The evaluation also consisted of interviews with appropriate internal and external personnel, and two field visits to observe sales and distribution initiatives and community education and outreach activities.

C. *Assessment of the Project Design in Relation to Child Survival Needs*

According to 1992/1993 National Health Fertility Survey (NFHS) data, the infant mortality rate in Uttar Pradesh is 99.9/1,000 live births. The under five mortality rate is 141.3/1,000 live births. The Government of India Ministry of Health estimates that one in five child deaths in India are caused by diarrhea¹ disease. This situation is compounded by the inadequate management of this disease. NFHS data for Uttar Pradesh show that only 36% of mothers are aware of Oral Rehydration Salts (ORS), 13% of children are treated with ORS packets and another 13% receive Home Available Fluids

(HAF). Sixty-three percent of children receive neither ORS treatment nor increased fluids.

This overview of child health statistics and current ORS usage indicate that mortality due to childhood diarrhea¹ disease could be ameliorated through behavior change, specifically in the treatment and prevention of dehydration in children. PSI's rationale for an ORS social marketing initiative is based on the tenet that social marketing is essential to the success of educational and motivational initiatives to increase diarrhea management: when the target audience is ready to adopt positive health behaviors and practices, in this case oral rehydration therapy, the health products, including packaged ORS, and the skills to use them should be readily accessible, available and affordable.

PSI/India's ORS social marketing intervention is designed to expand the Uttar Pradesh ORS market by distributing its own brand of packaged ORS through its existing distribution networks and channels. PSI's ORS social marketing design intends to promote its specific brand and incorporate behavior change messages that encourage rehydration therapy. With specific targeting, low pricing, widespread distribution, and the use of mass media and community based education to promote ORS use, PSI's social marketing initiative will complement public health sector activities in diarrhea management, resulting in increased ORS demand and usage.

D. *Main Project Accomplishments*

Planned expansion of the Uttar Pradesh ORS market and the resulting increase in ORS usage, including correct preparation, are the primary objectives for the PSI social marketing initiative. A secondary and supporting objective is the promotion of Oral Rehydration Therapy (ORT) messages, including the usage of Home Available Fluids (HAF). The evaluation team measured progress achieved toward attaining end of project (EOP) objectives. With regard to usage, the introduction of the ORS social marketing brand, *Neotral*, resulted in a 6% market expansion. This is compared to the project target of 10%. 459,600 sachets were sold between August 1995 and August 1996, a 69% achievement of the 663,000 sachet target. In terms of product distribution, PSI achieved placement of ORS in 87% of the chemists shops covered by the PSI distribution network (compared to an EOP goal of 90%). Efforts to achieve placement in general stores and nontraditional shops were not as successful -- with current distribution achievements at 10% in general stores (compared to an EOP goal of 85%) and 3% in nontraditional shops. A consumer perception that ORS is available only from a chemist shop with a doctor's prescription presumably accounts for PSI's difficulty in achieving higher placement levels in general stores and nontraditional shops.

Product promotion and communications activities have been designed to address current low ORS use rates. The primary positioning strategy of the PSI product, *Neotral*, is "Don't Delay, Give Neotral Right Away." This selling position was developed in response to findings which indicated that women were waiting 2-3 days before treating their children's diarrhea -- and then only receiving and administering ORS following a visit to a physician. This message is designed to empower women to take action on their own. PSI, in collaboration with its advertising agency, Thompson Social, has developed a well-designed, responsive communications campaign which builds on this key positioning strategy. The communications strategy utilizes a variety of media channels to reach its target audience, including radio, TV, magazines and press. In addition, PSI has

developed communications outreach materials, including posters, comic books and flip charts for use in schools and through collaborating NGOs. These outreach efforts are supplemented by a rural video van operation.

The key messages contained in the communications campaign have been developed in response to information obtained from a knowledge, attitudes and practices (KAP) study. These messages support the project objectives of increasing the correct and consistent use of ORS and ORT.

The effectiveness of these messages on consumer perceptions and behavior change will be measured in the final evaluation. While post-advertising tests were conducted prior to the mid-term evaluation the effectiveness of the messages could not be measured due to insufficient media exposure. Media buys, or advertising placements, were made based on the budget available and the most efficient medium given budget constraints. Reasons for poor viewership may be attributed to the short media air time and the limited choice of media outlets given budget limitations.

E. *Key Recommendations*

Given the size of the State of Uttar Pradesh and the amount of media exposure needed to successfully reach the target audience, PSI should consider focusing its media and distribution efforts on limited geographic areas -- due to the difficulty of achieving widespread exposure with limited media funds. Alternatively, PSI may consider phasing in communications messages and media or refining the media mix.

The communications positioning strategy directly addresses current use and behaviors. However, PSI will need to consider the role of doctors in recommending ORS and develop ways to encourage them to promote the use of ORS at home without a prescription.

With regard to sales and distribution, PSI should consider increasing sales force detailing efforts in select districts and expanding the use of rural van operations. PSI may want to consider offering sales incentives for new outlets created -- in addition to incentives already offered for sales volume performance.

PSI has developed an innovative community outreach package which has enormous potential for use through linkages with other NGOs. PSI should continue to create such linkages.

Because the market leader, Electral, is flavored, PSI should consider flavoring *Neotral*. PSI could undertake a consumer "dipstick" study to determine whether or not flavor is a barrier to purchase and use.

From the perspective of sustainability, continued assistance from USAID is needed to lobby the Government of India to include *Neotral* in its social marketing program to enable subsidies for the ORS product.

Finally, a long term view and approach should be taken in the introduction and launch of a new ORS product. Unlike other social marketing products, the ORS message is complex, with multifaceted and interlinking messages -- the first being an

understanding of the relationship between diarrhea and dehydration. The PSI Bangladesh program -- with current annual sales of 35 million 500 ml. sachets -- began its first year with sales of 500,000. Its product did not become fully entrenched in the market until its seventh year.

The PSI/India social marketing design remains a cost-effective way of making **ORS** affordable, available and accessible to low-income populations. This supports the **Government** of India's goal of reducing childhood mortality by improving the management of **diarrhea** in Uttar Pradesh.

II. Introduction - Program Rationale

A. Relevance to Child Survival Problems in the Project Area

1. Major Causes of Child Mortality and Morbidity

The high population of Uttar Pradesh, estimated at 140,000,000, contributes to the state's poor health statistics. According to 1992/1993 National Health Fertility Survey (NFHS) data, the infant mortality rate in Uttar Pradesh is 99.9/l ,000 live births. The under five mortality rate is 141.3/l ,000 live births. The Government of India Ministry of Health estimates that one in five child deaths in India is caused by diarrhea disease.

Interventions currently in operation to reduce child mortality include health education programs to promote oral rehydration therapy and home-available fluids (HAF) -- components of the Government of India's (GOI) Control of Diarrhea Disease Program (CDD) that receive support from UNICEF and WHO. The GOI has attempted to provide improved diarrhea management services through widespread availability of ORS in public health centers. Despite these efforts, NFHS data for Uttar Pradesh show that only 36% of mothers are aware of ORS, 13% of children are treated with ORS packets and another 13% receive HAF. Sixty-three percent of children receive neither ORS treatment nor increased fluids. Market research commissioned by PSI revealed that ORS usage among mothers with children under age two with incidence of diarrhea within the last two weeks was 22% (this variance is due to the smaller sample size used in the PSI study where n=840). For purposes of evaluation, the PSI baseline figure will be used as a tracking study and will measure the same indicators.

2. Interventions Designed to Address Child Survival Issues

The above overview of child health statistics and current ORS usage rates indicate that child mortality due to diarrhea disease could be ameliorated through behavior change, specifically in the treatment and prevention of dehydration in children. In addition, packaged ORS sales could benefit from increased demand, availability and affordability.

PSI's rationale for a social marketing intervention is based on the tenet that social marketing of ORS is essential to the success of an educational and motivational effort to promote diarrhea management: when the target audience is ready to adopt positive health behaviors and practices, in this case oral rehydration therapy, the health products, including packaged ORS, and the skills to use them should be

accessible, available and affordable. This notion is outlined in the social marketing positioning strategy for the PSI-branded product, *Neotral*. The product is advertised and promoted to empower women to take action immediately: "Don't Delay, Give Neotral Right Away." The present practice among women is to wait 2-3 days before any treatment is given and then only after consultation with a physician.

The commercial market leader, Electral, with an 80% market share, reinforces this practice by promoting its product to private practice service providers through pharmaceutical detailers who visit doctors directly. The practice of prescribing ORS and the perception that it is available by prescription only has contributed to the barrier to use and expansion of the ORS market. The cost of the product, Rs. 11, and the doctor visits required to obtain the prescription, make this product cost prohibitive to the lower socio-economic classes who need access to the product the most (this is further explained in the PSI baseline study and is part of the marketing and communications strategy developed to address this issue).

PSI/India's ORS social marketing intervention is designed to reduce child and infant mortality by *expanding and improving* the availability, affordability and accessibility of ORS. To accomplish this, PSI distributes its own brand of packaged ORS through its existing distribution network of chemists and general stores and through retailers -- encouraging purchase and use of *Neotral* by parents of children under age two. PSI's ORS social marketing program promotes its specific ORS brand and incorporates behavior change messages to encourage rehydration therapy. PSI's social marketing initiative is designed to complement the activities of the public health sector in diarrhea management, resulting in increased demand and usage of ORS.

III. Design and Implementation

A. Accomplishments

I. Impact Indicators

The goal of the project as defined in the project design document (Detailed Implementation Plan-DIP) is to contribute to the national objective of reducing infant and child mortality through increased use of oral rehydration therapy, especially packaged ORS; and to complement USAID/India's goal of helping India make significant progress toward sustainable development by expanding and improving the promotion and distribution of these services and products through a social marketing intervention. In order to develop a strategy for social marketing of *Neotral* and to establish baseline measures for the tracking and evaluation of project performance, PSI commissioned a Baseline KAP study entitled Social Marketing of ORS: Report of a Strategy Development Study in Uttar Pradesh.

The study was conducted by the Social Research Unit of MODE Research Pvt. Ltd. in September 1994. The quantitative study included among its sample 840 mothers with children under age two in households with **incomes under Rs. 2000**; 96 allopathic doctors/RMPs; 48 other practitioners; and 48 chemists. In addition, 4 qualitative focus group discussions were conducted by MODE among mothers to assist in developing and refining communications messages.

The baseline study provided salient information by which to determine the current status of home-based diarrhea management (ORT use, continued feeding, ORS purchase), brand name preference, package design, package size, the quantity of water most easily and accurately measured by mothers, etc. The baseline was completed within the first two months of the project period. Technical assistance in the development of the design and methodology was provided by Johns Hopkins University Child Survival Support Program: While data was compiled among mothers whose children had diarrhea in the last month *and* the last two weeks, at the recommendation of USAID, only data pertaining to incidence within the last two weeks was used in order to maintain consistency with standard CDD indicators.

The impact of the project interventions will be assessed using the same methodology and questions in a follow-on tracking study to be conducted at the end of project. This mid-term report evaluates the progress toward achieving project objectives as measured by key indicators outlined below:

Indicators	Baseline KAP	End of Project
10% annual increase in ORS usage Year 1: 24% Year 2: 27% Year 3: 29%	22%	29%
39% to 54% increase in the correct preparation of ORS among mothers in intensive CDD areas	39%*	54%
10% increase in ORT usage Year 1: 43% Year 2: 47% Year 3: 52%	39%	52%
Distribution retail shops visited by PSI sales force in Uttar Pradesh towns with populations over 20,000	0%	85% of general stores 90% of chemist shops 65% of other nontraditional shops

*Based on correct preparation of one liter pack.

For each of the above indicators, inputs and outputs were developed in support of EOP goals. Activities are discussed below.

2. Process Indicators for ORS Usage/Correct Preparation and ORT Usage

a. Social Marketing Communications

PSI commissioned the MODE Baseline study to gain an understanding of current knowledge, attitudes, practices (KAP) and beliefs regarding diarrhea¹ management in general, and of the desired “end user benefits” from which to develop a

brand positioning strategy. Research revealed the following important findings:

- I. Mothers treat diarrhea after one or two days;
- II. If results are not observed, mothers believe that the diarrhea requires medication; and
- III. Mothers give ORS to a child only if prescribed by a doctor (92% of children with diarrhea whose mothers consulted a doctor had been previously prescribed anti-diarrheals and antibiotics). ORS prescriptions are, in essence, a last resort.

As a result of the Baseline findings, PSI designed a communications strategy to promote use of its ORS brand, *Neotral*, at the onset of a diarrhea episode. In addition, PSI has positioned *Neotral* as a product that mothers can purchase without a doctor's prescription.

The target audience are mothers and fathers with children under age two who reside in urban and semi-urban areas and have a monthly household income of less than Rs. 2,000. The secondary audience are the "influencers" within the family, which include school age children who are often caretakers for younger children. The service provider has not been included in the target audience.

The key messages identified in response to the KAP study and in support of the project objectives of increasing the use of ORT, ORS and its correct preparation are as follows:

- I. Begin administration of ORS as soon as the first episode of diarrhea occurs
- II. Diarrhea leads to dehydration and ORS replenishes lost water and salts
- III. ORS is recommended by doctors for the treatment of diarrhea
- IV. The correct preparation of *Neotral* is easy (preparation demonstrated)
- v. Administer *Neotral* after every loose motion (dosage)
- VI. *Neotral* costs only Rs. 5 compared to Rs. 11
- VII. *Neotral* is made with the WHO formula
- VIII. Continue at the same amount or increase the intake of liquids and solids during a diarrhea episode

Thompson Social was retained as the ad agency to develop the communications and media strategy for the project. Media messages are culturally appropriate, based on KAP findings and professionally designed. Each creative product is developed to address several of the communications messages and uses the slogan: "Don't Delay, Give Neotral Right Away."

Attachment A includes examples of these creative products. Each media product contains one or more of the key communications messages and is designed to capture audience attention with brief messages - followed by more detailed information in the body of the advertisement. For example, press advertisements in the form of health capsules begin with general health information to catch the consumer's attention, such as "Drink Neotral, and keep on playing! Diarrhea? Don't delay-give Neotral right

away.” While not directly addressing dehydration, this message addresses a common symptom cited by mothers in the KAP study that their child feels lethargic and listless during an episode of diarrhea. Later messages, subsequently placed in the same location, provide more detailed information and respond to questions such as “Can diarrhea be fatal? Should you continue feeding during a diarrhea episode? What should a child be given to drink during a diarrhea episode? What is ORS? Will ORS stop the diarrhea? Do you need medicine for diarrhea?”

Media formats are visually consistent to create brand awareness and evoke brand association. Messages and the project strategy support PSI’s ORS social marketing brand and incorporate behavior change messages to encourage rehydration therapy. This is consistent with PSI’s project design objectives.

A media plan (a strategy for media placement) was developed by Thompson Social with a justification and rationale for each type of media, e.g., TV, radio, press, etc. According to the media plan, the target audience in urban areas can best be reached through TV, radio and the press (Attachment B - Media Reach Profiles/Media Plan). The role of the media, as defined by Thompson Social, is to create visibility, product awareness, and to generate brand awareness. Placements were made based on the budget available and the most efficient medium given budget constraints. The campaign was launched in August 1995 toward the end of the diarrhea season -- due to the amount of time needed for product development and manufacturing activities -- and relaunched during the 1996 diarrhea season.

The PSI market research firm conducted a post-advertising test to determine the effectiveness of the media product and its corresponding key messages. Retention of the messages, “Use right away,” “Replenishes fluids lost,” etc. was high among those who had seen the ads. However, in absolute terms, the number who actually saw the ads was low.

Reasons for poor viewership may be attributed to the short media air time and the limited choice of media outlets given budget constraints. TV time was only purchased on low-powered regional channels, while viewership in the target market is greater among the national channels. In the next phase, PSI should consider the cost benefit of buying national TV time, even though the product is not available nationally. PSI should also consider focusing its media and distribution efforts on limited areas, due to the limitations that accompany widespread exposure with limited media funds.

b. Community Education and Training

The evaluation team observed a PSI-designed in-school education program. The packet includes puppets, posters, flip charts and comic books utilizing the key messages identified above. The school program emphasizes education surrounding the causes of diarrhea. Educational messages address sanitation and hygiene. Bacteria, dirt, diarrhea and fungus are represented by animated forms or monsters, with ORS represented as a superhero battling the “enemies” (Attachment C -School Education Program). At the end of the presentation, the students were given 8 pictures with similar messages presented in the comic book and communicated through the monster puppets. The students were asked to assemble the 8 pictures in consecutive order in poster format, e.g., poor hygienic conditions attract flies; bacteria is deposited on food; food is eaten; the child becomes sick; diarrhea and dehydration ensue; ORS corrects the

dehydration. This is an effective and creative way of evaluating the students' recall and understanding of the educational materials.

The program is in its implementation stage, and therefore, could not be formally evaluated for its effectiveness by the research team. Observations of a group of 60+ school children aged 10-14 revealed, however, that the presentation utilizing puppets, comic books and posters was successful in keeping its audience attentive and engaged.

This team sees enormous potential with implementation of this program because these children are often the caretakers of younger siblings and many times the only literate member of the family.

In addition to the school program, PSI has an intensive Rural Van Operation to support its community activities. The vans service those areas not covered by the PSI sales force -- rural markets with a population of less than 5,000. The evaluation team observed the vans in operation and accompanied sales promoters into the villages.

As observed by the field visit, the vans serve as an effective vehicle to draw crowds, create interest -- particularly in a new product - and to attract large numbers of people. The contents of the video include PSI commercials interspersed with popular Hindi film music clips. The vans are painted with PSI products (with the exception of *Neotral* for the reason stated below) and outfitted with a color television, a VCR, sound system and generator. The van operators are well trained, give demonstrations (e.g., how to mix ORS correctly) and are prepared to answer audience questions. *Neotral* packets are sold by the video van staff.

The van is supported financially by the USAID-funded Social Marketing for Change Program III (SOMARC) implemented by The Futures Group - which is supporting the sale and promotion of PSI condoms and pills for family planning. This is done through a subcontractor mechanism. Despite the fact that high infant mortality rates are directly linked to high fertility rates in Uttar Pradesh, the SOMARC project does not fully support this ORS social marketing effort and prohibits PSI from painting the van with a *Neotral* logo. Attachment D provides details of the video van, its schedule and sales performance.

c. Counterpart Collaboration

Collaboration with NGOs for ORT promotion and education has not yet been implemented. Plans are in the development stage to work with NGOs in collaboration with community outreach initiatives using school education materials. Posters have been developed by PSI on correct use (Attachment E - Correct Usage Poster).

Discussions with UNICEF indicate an interest in buying the PSI *Neotral* product -- along with the communications materials -- for sale through the government public distribution system. This willingness is indicative of UNICEF's desire to support the PSI program and its goal of expanding the ORS market and increasing correct use.

UNICEF Country Representative, Dr. John Rohde, a leading child survival expert, applauded PSI's efforts in successfully launching an affordable and available

product, something he personally has advocated for decades. Dr. Rhode describes PSI's social marketing initiative as "inherently important" to health care in India. The work of PSI has also been described as the first government-approved effort to educate private practitioners as well as nonlicensed practitioners about diarrhea¹ management -- which includes the use of ORS.

3. Process Indicators for ORS Distribution

a. Social Marketing Distribution Channels

Neotral is priced at Rs. 5 for a 1-liter packet -- at least half the price of the market leader. Relative to its low price, attractive margins are given to traders to provide them with incentives to carry, promote and sell the product. Stocks of the product move from clearing and forwarding agents to redistribution stockists. Stockists and the PSI salesforce supply stocks to retailers. The PSI salesforce visits all towns with populations over 20,000 at least once a month to encourage retailers to stock the PSI ORS product. Salesmen make an average of 40 sales calls a day and work 22 day a month. The number of productive calls are approximately 20 calls per day.

PSI's coverage plan supports the sales and distribution objectives. However, more effort needs to be focused on nontraditional outlets in an attempt to overcome the perception that the product requires a prescription. Since this will require a greater effort from the salesforce, PSI management should consider rewarding the staff on new nontraditional outlets created in addition to volume of sales generated.

b. Sales Support Tools and Incentives

The sales force has been provided with sales tools, including point-of-sale displays, a dangler and stickers. This is consistent with similar material provided for promotional support of other PSI products (Attachment F - Sample Point of Sale Material).

c. Doctors and Chemists Detailing

PSI, in collaboration with Thompson Social, developed a creative and innovative calendar for use by doctors that outlines pertinent information about product features and benefits. The distribution of the calendar/mailer has been underutilized and will be integrated into doctors and chemists detailing in the next phase of the project.

The evaluation team met with Dr. R.N. Srivastava, Head of the Indian Pediatrics Association, to elicit his assessment of the PSI program and to identify ways to involve the medical community in the support and promotion of ORS. Dr. Srivastava regarded the common practice among doctors to prescribe anti-diarrheals and antibiotics as a consumer expectation when visiting a doctor. Dr. Srivastava was supportive of advertising in medical journals that position *Neotral* as the first "medicine" a child needs for diarrhea and recommended involving the medical community in promoting this concept. While PSI's strategy is to promote *Neotral* as a product women can purchase and use without the supervision of a doctor, Dr. Srivastava recommended that doctors be aware of the brand should a patient come to him/her with questions.

Electra1 has been prescribed more frequently by doctors due primarily to its visibility, not necessarily its effectiveness. The fact that Electra1 is in non-conformance with WHO standards was not a concern to Dr. Srivastava; he believes that the WHO formula contains too much sodium. Dr. Srivastava also recommend flavoring PSI's product to make it more appealing and easier to administer.

PSI must carefully evaluate the role of doctors, which has proven to be somewhat problematic. Mothers typically wait one to two days before seeking treatment from a doctor. In 92% of the cases, the doctor prescribes anti-diarrheals, antibiotics, and as an add-on, ORS - Electra1 being the ORS of choice. PSI's strategy is to empower women to react more readily to diarrhea1 symptoms by using ORS within the first two days.

Dr. Srivastava recommends targeting primarily consumers (since he believes that doctors are responding to consumer demands), but including doctors in an informative capacity since they significantly influence this audience; if the consumer sees the ad, and seeks the advice of a doctor, the doctor should at least be aware of the product. PSI should carefully consider this recommendation in conjunction with the recommendation suggesting involvement of the medical community in product promotion.

B. *Effectiveness*

1. Proaress in Achievina Imoact Indicators: Relationship Between Accomplishments and Obiectives

a. Usage/Sales

Children under age two were defined as the target audience by USAID and PSI to maximize the impact of social marketing, since the mortality of children under age two is higher than that of children under five. It should be noted, however, that the calculations in the Project Implementation Document estimated ORS needs and demands based on children under five.

Responding to this, the evaluation team reviewed the indicators and then redefined them based on USAID's recommendation to target children under age two. The team also calculated the amount of *Neotral* required to expand ORS usage by 10% annually. Based on this recalculation, the base was defined as 5.3 million children under age two. Given WHO/UNICEF estimates that on average a child has 3 episodes of diarrhea per year, resulting in 15.9 million episodes; and further given that one 1-litre sachet is used in 90% of episodes, and three l-litre sachets are used in 10% of episodes resulting in a potential market size of 19.1 million sachets (assuming a 100% usage rate); and further given current usage figures of 22% (KAP Baseline), the results indicate current ORS usage of approximately 4.2 million sachets. Sales required to increase ORS usage for children under age two by 10% annually translates into 420,000 sachets of *Neotral* in the first sales year; 462,000 in the second sales year; and 508,000 in the third sales year. This assumes that all of these sales are for children under age two and for nonusers of other brands. If we assume that one pack out of every four is sold to children over age two and one pack out of every three is due to brand switching, then the above targets should be increased by 58%. This leads to annual sales targets as follows:

Year 1: 663,000
Year 2: 730,000
Year 3: 802,000

The cumulative total after three years of sales is estimated at 2.2 million. Attachment G provides a detailed calculation of sales estimates.

This redefinition of the potential market and resulting sales objectives was undertaken by the mid-term evaluation team; subsequent indicators will be measured accordingly.

Sales began in August 1995, one year after the project start date. As a result, current figures should be measured against first year sales indicators. 459,600 sachets were sold between August 1995 and August 1996. Based on the revised indicators, there was a 69% achievement of the target. Theoretically, PSI increased the market by 6% as compared to the targeted 10%.

Constraints to achieving the target include the following:

- I. the visibility (and hence, popularity) of Electra1 in Uttar Pradesh;
- II. a preference for flavored ORS (a standard set by Electral);
- III. perceived convenience of Electra1 (measuring spoon), and perceived savings in not having to waste the mixture once it is mixed;
- IV. inadequacy of media penetration to support brand awareness and demand;
- V. perception that ORS is only available through a prescription;
- VI. perception among doctors that ORS is an add-on product to supplement antidiarrheals and antibiotics;
- VII. preference among doctors for Electra1 in response to consumers demand for it; and,
- VIII. lack of targeted communications to doctors to promote the PSI product.

Actions being planned by the sales force to redress the situation include selective promotion to doctors to generate prescription support communications material developed for this audience, but previously underutilized.

b. Correct Preparation

A Post-Advertising Test on Neotral in Uttar Pradesh, conducted by MODE in August 1996 prior to the mid-term evaluation, indicated that knowledge of correct ORS usage is insignificant given the low recall figures. Thirteen fathers had seen the television commercial; of those, 77% understood to use 1-litre of water. Thirty mothers had seen the commercial; and of those, 20% reported correct usage (n=160 mothers; n=160 fathers). This study cannot be viewed as a tracking against the baseline study since a different sample size was used: moreover, fathers were included in the study.

In order for PSI to meet its objective of 54% at EOP, it is important that the advertising messages achieve greater penetration, and thereby enhance awareness of the product, its attributes and benefits (e.g., rehydration) - only then can secondary messages, such as correct use, be measured. It is also important to note that correct use should include variables such as whether entire packets were dissolved in 1-litre of

water and whether entire contents were used as per the dosage requirements of the child and the severity of the diarrhea - in addition to correct measurement.

Based on this authors experience in developing behavior change communications messages, it is recommended that there be a phasing in of the communications messages and media - based on a behavior change continuum: creating a sense of awareness; creating a sense of personal risk/relevance; imparting harm-reduction messages (rehydration through ORS use); promoting secondary messages (ORT and correct usage); and finally, fostering a motivation to buy. The campaign has been developed to relay media components and corresponding messages simultaneously. As such, this may have contributed to the low rate of message retention.

c. ORT Usage

ORT usage will be measured in the final evaluation using a consumer sample size comparable to the baseline study. Planned inputs, including school trainings, only recently began with a goal of reaching 1,500 students by the EOP. Other planned inputs, such as NGO collaboration and training, are in the development stage; their effectiveness cannot be evaluated.

d. Distribution

PSI currently has a well entrenched distribution network resulting from its successful distribution of Masti condoms. *Neotral*, the ORS product, has been incorporated into existing sales force activities and distribution channels. However, additional sales and product attribute training was undertaken by an external pharmaceutical trainer in order to focus on the rehydration practice and the features and benefits of ORS use. The chart below outlines the mid-term distribution performance.

CATEGORY	PSI COVERAGE	NO. OF OUTLETS STOCKING BRAND	COVERAGE (%)
CHEMISTS	7262	6317	87%
GENERAL STORE	4962	497	10
GROCERS AND PAN SHOPS	2307	69	3

By the EOP, PSI has set as its objectives the following:

- 85% of general stores
- 90% of chemist shops
- 65% of other nontraditional outlets

PSI sales staff visit Uttar Pradesh towns with populations greater than 20,000. PSI has been able to penetrate chemist shops and is pacing well according to the 90% coverage of all chemist shops served by PSI. Penetration into nontraditional shops will only happen after greater media coverage and awareness of the products has been increased among target consumers. Moreover, more detailing efforts, as well as mass media initiatives must be undertaken to emphasize that ORS can be used at home without a prescription, which is the common perception. As a result of this misperception, non-chemists would be reluctant to carry a product perceived to be an

ethical drug. The sales management may also consider rewarding the sales force for new outlets opened, in addition to volume of stock sold.

IV. Project Management

A. Human Resources

The PSI/India Child Survival staff comprises the following: Country Representative, General Manager for Sales, General Manager for Marketing, General Manager for Finance, Sales Manager for Uttar Pradesh and Distribution Manager. With the exception of the Country Representative, all staff are Indian nationals. In addition, the project has a full-time staff member devoted to the child survival ORS social marketing project and who also serves as the ORS Brand Manager.

Also contributing to this initiative is a field force consisting of 18 field officers and three area sales manager. These efforts are supported by contractors, including an ad agency and research firm. PSI/Washington supports the child survival project through technical assistance, management oversight and general backstopping.

B. Supervision and Monitoring/Quality Control

Sales performance is measured through daily monitoring reports which list the number of sales calls made for each product compared with the number of successful sales calls. The effectiveness of advertising and promotion is evaluated through market feedback data, including consumer research studies, informal market surveys, media post-test studies and informal dipsticks.

PSI has established extensive quality control mechanisms for the manufacturing of the ORS product. Win-Medicare, the manufacturer of *Neotral*, adheres to the Good Manufacturing Practices (GMP) standards and PATH guidelines as well as its own stringent quality control measures in the manufacturing and packaging of ORS. To ensure compliance, PSI has retained the services of an independent consultant to confirm compliance in the following categories:

- Quality Control
- Evaluation of Records and Procedures
- Product Batch Sample Testing
- Quality Assurance Audit

In all categories, to date, Win-Medicare has performed in accordance with all established guidelines (Attachment H - Sample of Independent Test Carried Out).

C. Use of Central Funding

Administrative monitoring and technical support from PSI's Washington office has been adequate. PSI's India backstop has made two trips to India during the past year, and has been able to allocate the cost of these trips among several donors. Given PSI's diversified donor base, the amount of funding available for program monitoring and support from the grant is sufficient.

PSI's Child Survival Officer keeps abreast of developments in the field and within BHR/PVC, thanks to the close working relationship established with the PSI/India backstop officer and through attending USAID conferences and workshops. In summary, USAID funding to PSI's Washington office appears to be serving the function intended.

D. *Budget Management*

The rate of expenditures to date compared with the project budget is at 52%. The delayed start of the project, and devaluation of the Indian Rupee against the dollar partially accounts for this. Moreover, according to the project staff, advertising payment commitments have been made but are not reflected in the actual figures available as of September 30 for the month ending August 30.

PSI/India should consider reconciling expenditures each month against the country budget; and at least every quarter, should revise the budget forecast. PSI/India should also review the expenditure levels against the India budget and plan or adjust accordingly. This system should be set up in order to ensure sound financial management of the project.

During the course of the evaluation, it became apparent that the advertising and promotion line item was underfunded -- due to the lack of effective media penetration resulting from media cost inflation and the high visibility (OTS-opportunity to see) required to achieve brand awareness (which ultimately leads to changed behavior).

In order to penetrate the overflow of messages on the electronic media, the proliferation of media channels, and hence the fragmentation of the target audience, the Uttar Pradesh media market requires stronger advertising and promotion support. Alternatively, the project should consider alternative media strategies as well as an intensive media and distribution focus in selected geographic areas in Uttar Pradesh.

It is not anticipated that the project will underspend at the EOP as project activities will accelerate in order to meet EOP objectives, and as a result will spend the monies allocated:

E. *Sustainability*

Meetings with Ms. Adarsh Mishra, Joint Secretary, Ministry of Health and Family Welfare Government of India (GOI), and UNICEF Country Director, Dr. John Rohde, suggest opportunities for use of *Neotral* within the government public distribution system (PDS). However, at this stage, the free distribution system does not have a mechanism to handle cash transactions. During these meetings, opportunities were discussed whereby PSI products could be purchased by GOI/UNICEF for distribution through the PDS.

Further discussions were held with Ms. Mishra as a follow-up to earlier correspondence from PSI regarding the inclusion of *Neotral* as part of a larger government social marketing program. Similar activities are being undertaken for contraceptives under CSMP. This requires separate budget allocations and approvals from the Finance Ministry/GOI which Ms. Mishra agreed to pursue.

In response to the evaluators' questions regarding whether PSI initiatives complement and support government efforts, Ms. Mishra expressed her satisfaction with PSI's achievement through her sentiment, "PSI is going beyond us (GOI)."

V. Conclusions and Recommendations

PSI's rationale for an ORS social marketing initiative is based on the tenet that social marketing is essential to the success of educational and motivational initiatives to increase diarrhea management: when the target audience is ready to adopt positive health behaviors and practices, in this case oral rehydration therapy, the health products, including packaged ORS, and the skills to use them should be accessible, available and affordable.

As a result, PSI's social marketing intervention is appropriately designed to expand the ORS market through its distribution and promotion of its own brand of packaged ORS, *Neotral*. PSI efficiently maximizes distribution by using its existing distribution networks and channels of chemists and general stores. PSI's ORS social marketing design promotes a specific brand and incorporates behavior change messages to encourage rehydration therapy. Its key communications message is to administer ORS at the first sign of diarrhea: "Don't Delay, Use Neotral Right Away." This strategy directly addresses current practices of delaying any form of treatment until a doctor's advice is sought.

The PSI/India social marketing design is a cost-effective way of making ORS affordable, available and accessible which appropriately supports the Government of India's goal of reducing childhood mortality by improving the management of diarrhea in Uttar Pradesh. With specific targeting, low pricing, widespread distribution through existing channels and the use of mass media and community-based education to promote ORS and ORT use, PSI's social marketing initiative effectively complements the activities of the public health sector in diarrhea management, resulting in significant progress toward its achievement of increasing demand and usage of ORS by the end of the project.

Specific recommendations and steps for consideration by PSI in order to achieve its output and outcome objectives by the end of the project are discussed below:

PSI should consider focusing its media and distribution efforts on limited geographic areas, due to the limitations that accompany widespread exposure with limited media funds. Alternatively, PSI may consider phasing in communications messages and media, or refining the media mix.

The communications positioning strategy directly addresses current use and behavior. However, PSI will need to consider the role of doctors in recommending ORS and develop ways to encourage doctors to promote use of **ORS** at home without a prescription.

PSI should consider increasing sales force detailing efforts in select districts and expand the use of rural van operations. PSI may also want to consider offering sales incentives for new outlets created in addition to incentives already offered

for sales volume performance.

PSI has developed an innovative community outreach package which has enormous potential for use through linkages with other NGOs. PSI should continue to create such linkages.

Because the market leader, Electral, is flavored, PSI should consider flavoring *Neotral*. PSI could undertake a consumer “dipstick” study to determine whether flavor is a barrier to purchase and use.

From the perspective of sustainability, the continued assistance from USAID is needed to lobby the Government of India to include *Neotral* in its social marketing program to enable subsidies for the ORS product.

PSI/India should be more involved in the project’s financial and budget management -- as opposed to only PSI/Washington -- in order to track and review expenditure levels against the India budget and plan or adjust accordingly.

Finally, a long-term view and approach should be taken in the introduction and launch of a new ORS product. Unlike other social marketing products, the ORS message is complex, with multifaceted and interlinking messages -- the first being an understanding of the relationship between diarrhea and dehydration. PSI’s Bangladesh program -- with current annual sales of 35 million 500 ml. sachets -- began its first year with sales of 500,000. Its product did not become fully entrenched in the market until its seventh year.

Key Persons Contacted

PSI/India

David Greeley, Country Representative
Jhum Jhum Shirali, General Manager - Marketing
S.K. Bali, General Manager - Sales
Sanjay Chopra, General Manager - Finance
Malavika Rao, Brand Manager - ORS
P.K. Verma, Manager - Rural Van Operations
R.S. Gujral, U.P. Sales Manager - Operations

PSI/Washington

Peter Clancy, Vice President - Program Development
Bob Karam, Former Country Representative - Bangladesh

USAID/India

Linda Morns, Mission Director
John Rogosch, Chief - Office of Population, Health & Nutrition
Bill Goldman
Lucia Tabor
Sheena Chhabra, Project Management Specialist, Policy Research and Evaluation
Subash
Vadyana

Government of India

Adarsh Misra, Joint Secretary, Ministry of Health and Family Welfare

UNICEF/India

Dr. John Rohde, Country Representative

Indian Pediatrics Association

Dr. R.N. Srivastava, President

Win-Medicare Limited (Manufacturers of *Neotrol*)

K.P. Ravindranath, General Manager
Mukesh Sinha, General **Manger** - Technical
I.K. Gera, Manager - Production

MODE Research Private Limited

Vijayalakshmi Viswanathan, Vice President

Thompson Social

Kunal K. Sinha, Associate Planning Director
Ritu Raizada, Hindustan Thompson, Media Planning
Mumta Govil, Accounts

Proceedinas of Kev External Meetinas

UNICEF - Dr. John Rodhe, Country Representative

UNICEF Country Representative, Dr. John Rohde, a leading child survival expert, applauded PSI's efforts in successfully launching an affordable and available product, something he personally has advocated for decades. Dr. Rhode describes PSI's social marketing initiative as "inherently important" to health care in India. The work of PSI has also been described as the first government-approved effort to educate private practitioners as well as nonlicensed practitioners about diarrhea¹ management -- which includes the use of ORS.

Further discussions with UNICEF indicate an interest in buying the PSI *Neotral* product -- along with the communications materials -- for sale through the government public distribution system. This willingness is indicative of UNICEF's desire to support the PSI program and its goal of expanding the ORS market and increasing correct use.

Ministry of Health and Family Welfare - Ms. Adarsh Misra, Joint Secretary

Meetings with Ms. Adarsh Mishra, Joint Secretary, Ministry of Health and Family Welfare Government of India (GOI), and UNICEF Country Director, Dr. John Rohde, suggest opportunities for use of *Neotral* within the government public distribution system (PDS). However, at this stage, the free distribution system does not have a mechanism to handle cash transactions. During these meetings, opportunities were discussed whereby PSI products could be purchased by GOI/UNICEF for distribution through the PDS.

Further discussions were held with Ms. Mishra as a follow-up to earlier correspondence from PSI regarding the inclusion of *Neotral* as part of a larger government social marketing program. Similar activities are being undertaken for contraceptives under CSMP. This requires separate budget allocations and approvals from the Finance Ministry/GOI which Ms. Mishra agreed to pursue.

In response to the evaluators' questions regarding whether PSI initiatives complement and support government efforts, Ms. Mishra expressed her satisfaction with PSI's achievement through her sentiment, "PSI is going beyond us (GOI)."

Indian Pediatrics Association - Dr. R.N. Srivastava, President

The evaluation team met with Dr. R.N. Srivastava, Head of the Indian Pediatrics Association, to elicit his assessment of the PSI program and to identify ways to involve the medical community in the support and promotion of ORS. Dr. Srivastava regarded the common practice among doctors to prescribe anti-diarrheals and antibiotics as a consumer expectation when visiting a doctor. Dr. Srivastava was supportive of advertising in medical journals that position *Neotral* as the first "medicine" a child needs for diarrhea and recommended involving the medical community in promoting this concept. While PSI's strategy is to promote *Neotral* as something a woman can purchase and use without the supervision of a doctor, Dr. Srivastava recommended that doctors be aware of the brand should a patient come to him/her with questions.

Electra1 has been prescribed more frequently by doctors due primarily to its visibility, not necessarily its effectiveness. The fact that Electra1 is in non-conformance with WHO standards was not a concern to Dr. Snvastava; he believes that the WHO formula contains .too much sodium. Dr. Srivastava also recommend flavoring PSI's product to make it more appealing and easier to administer.